

posed to infection. There were no cases in contacts aged less than six months, and the highest attack rate was in children under 10 years. In adults the rate for women of child-bearing age was about 10 times that for men of the same age group. The attack rate for women in this age group, 3.7%, was similar to that quoted elsewhere, though there was a heavy preponderance in the group of women with no past history of the disease. Assuming the risk of death or major defect in the fetus born to a woman who has suffered rubella during the first 12 weeks of pregnancy to be 25%, the risk of fetal damage for women exposed to infection in a family is of the order of 1%. This must of course be set against the general rate for malformations in the population of 2%.

In the same issue McDonald discusses a survey of results obtained by administration of gamma-globulin for prevention of rubella in pregnancy. He puts the risk of malformation in live-born infants when the mother has had rubella in the first twelve weeks of

pregnancy at 15.8% and the risk of abortion or still-birth at 9.5%. From 1954 to 1961, the Government issued gamma-globulin to doctors for the prevention of rubella in adult women, but in some years the dose was 750 mg. and in others 1500 mg. By the end of 1961, over 16,000 doses had been issued and reports were subsequently received on the use of over 14,000. Analysis of the reports showed that the attack rate for contacts in the home was 1.48% after the smaller dose and 1.13% after the larger dosage. These figures must be set against the figure of 3.7% for untreated women. It seems then that gamma-globulin is of some value for protection against rubella in pregnant women. However, in terms of absolute figures the distribution of gamma-globulin will do little to lower the total figure for congenital malformations, since it may have protected about 20 infants from severe malformation during this period out of at least 100,000 people born in Britain with major congenital malformations.

S. S. B. GILDER

College of General Practice

SECOND NATIONAL CONFERENCE ON "TRAINING FOR GENERAL PRACTICE"



ONE OF the primary objectives of the College of General Practice has been to improve training for the general practice of medicine. This, of course, can be done only by assisting and co-operating with Canadian medical colleges.

To this end a conference was held by College of General Practice delegates and leading Canadian medical educators on November 28 and 29, 1962. One of the recommendations emanating from this conference was that a second meeting of this nature be held in 1963 and that it be called jointly by the Association of Canadian Medical Colleges and the College of General Practice. Plans for this conference are now well advanced, having been drawn up by the College's co-ordinating committee on education, whose chairmen are Dr. Bette M. Stephenson of Toronto and Dr. Pierre Houle of Trois-Rivières, Quebec, and representatives of the Association of Canadian Medical Colleges headed by its Executive Secretary, Dr. J. Wendell Macleod.

The 1963 conference will take the form of a three-day workshop type of meeting and will be held in the Park Plaza Hotel, Toronto, November 27-29. There will be about 50 delegates, made up of an equal number of medical educators and general practitioners. The conference will deal with training at the undergraduate level only.

The Association of Canadian Medical Colleges is inviting two representatives from each Canadian Faculty of Medicine, one, the chairman of its curriculum committee and the other, the physician in charge of teaching community medicine or a simi-

larly designated subject. The general practitioner delegates will include some of the College's senior officials, a delegate named by each provincial chapter and a delegate from each medical school area, named by the Central Co-ordinating Committee on Education.

This agenda promises to be most interesting.

FIRST DAY — "THE PERSON"

The program will begin with a short plenary session followed by four groups discussing, respectively: (a) Current State of G.P. and Future Expectations, (b) Community Needs and Requirements, (c) Patient Need and (d) Doctor's Need.

These groups will report before the close of the day.

SECOND DAY — "THE PROCESS"

An initial plenary session will consider "The Education of the Basic Physician", followed by four groups considering, respectively: (a) Pre-Medical Education, (b) Pre-Clinical Education, (c) Clinical Education and (d) Examinations.

In the afternoon, all groups will discuss methods and principles of effective learning as applied to Training for General Practice, followed by reports to a plenary session.

THIRD DAY — "THE TEACHER"

An initial full session to consider the role of the teacher in effective learning followed by all groups discussing the role of the teacher in medical education with reference to: The Contribution of the General Practitioner: (a) Areas of General Practice Teaching and (b) Methods.

In the afternoon reports will be heard and conference recommendations drafted.